

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Florida First Project		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00620476</div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Creative Strategic Solutions, LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2022</div>	
Mailing Address 7708 Richmond Hwy. Suite 1018		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div>	
City Alexandria	State VA	Zip Code 22306	Transaction ID : SE.4751
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2022</div>
Name of Federal Candidate Demings, Val, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1513835.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Creative Strategic Solutions, LLC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 02 / 2022</div>	
Mailing Address 7708 Richmond Hwy. Suite 1018		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>	
City Alexandria	State VA	Zip Code 22306	Transaction ID : SE.4752
Purpose of Expenditure media placement		Category/ Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 03 / 2022</div>
Name of Federal Candidate Demings, Val, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1588835.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">200000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Watkins, Nancy, H., ,

[Electronically Filed]

Date

11 / 03 / 2022

Signature